

TSE minutes 10.7.15

Present;

Kevin Kraal, Mark Philips, James Sievers, Erinn Neilson, Brandy Bartholomew, Scott Bagget, Kathy Elwell, Lanny Campbell, Brenda Gully, Lara McLean, Tom Mortimer, Larry Troxell, Kent Holyoak, Maria Hoggan, Shelly McFarland, Deb Robertson, Dennis Woodbridge, Bobby Hapayan, Jeff Carl, and Mike Williams (Zoll)

Meeting was called to order. Motioned & seconded to accept minutes, all accepted.

Mike Williams from Zoll spoke about different methods available to send 12 lead information to hospitals. All are military grade encrypted.

He said that 12 leads are transmitted from EMS to a website and inbox at ED with alerts. Can be forwarded to cardiologist, can also run reports and edit them according to parameters set by ED. Bluetooth most common form of transmission as well as a laptop transmission. They can be transmitted to dispatch as well. Physio, Lifepack & Phillips are also able to transmit this way.

DeWayne said that they have just started transmitting.

Grants are available for 2016 for 12 lead transmittable semi-auto defibrillators.

It was mentioned that cell service is available to public safety entities through the LEPC in blocks of data.

State Update from Kevin:

Time stamp program for TSE doesn't replace clinical charting but does send signal to receiving facility to activate CVA team.

Data update from Shelly:

Letter still needs to be sent to facilities, Shelly has written it but thinks it should be from Kevin-Action item for Kevin

A question came up for Christian that if your facility gets leveled (all 5 levels) are you required to participate in Trauma Registry?

Shelly says that since 2007 it has been mandatory for facilities to collect Trauma Registry data. Not sure if there is a charge for this, she's working on that.

Shelly discussed ISS in relation to survivability, also coding on a scale of 0-75 with over 15 having a higher incidence of morbidity.

All level 3 & 4 facilities are required to have community involvement as far as education as well as performance improvement.

Kevin reinforced the need for Real Time data collection & the points considered important were; dwell time (either transferred or admitted), ISS, death less than 24 hours after admitting & multiple transfers.

Kathy stated that dwell time in ED/ Time to CT/ time to surgery were important.

Erin stated that we need to understand why dwell time can be longer than expected i.e.: decision vs. waiting for transfer, & that we should have a set of reasons to track & fix.

It was suggested that charts reviewed for dwell time can be "kicked out" if these other factors are involved.

Education update from Tom:

Tom presented the education Power Point which was very well received. Tom asked if it was too basic but Kathy said that as a student, it's always better to build up from a basic start. Lara asked if a template for EMS agencies could be provided when Power

Point & education is presented in order to facilitate agencies ability to comply, it could have Air Ambulance map, fill in spots for best radio channels, priority & leveling info etc. Tom said that that was possible. Also, he said that rosters will be taken for all education roll outs.

Meeting entered closed session at 15:50

Case reviews were done after all present signed Confidential Records and Information forms.

It was noted that final outcomes are important information for Q.A. process.

On agenda for November:

Tom will give education rollout feedback after presenting to Cassia.

Regional grant availability.

Action Items:

Kevin letter to facilities

Lara Zoll grant funding opportunities

Lara- Email Q.A. tools to everyone

DeWayne- Find out Gooding & Lincoln County 12 lead standing

Tom- Jackpot 12 lead standing

Next meeting November 4 Gooding. Meeting Adjourned after motioned by Kevin, seconded & all approved.

